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| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)   |   | 1                  | Docket Number (Optional)<br>63692/P014US/10304972 |  |
|--|---|--------------------|---|--|
| In re Application  | n of Roger A. E   | abb et al.         |   |  |
| Application Nur 09/442 For CARRI METHO   | mber<br>,853-Conf. #6475  | File               | Filed<br>November 18, 1999                        |  |
| For METHO  |   | COMPENSA           | ATION SYSTEM AND                                  |  |
| Art Unit   | 2634  | Examiner           | C. B. Odom  |  |
| This is a request under the provisions of 37 CFR 1.136 dentified application.  The requested extension and appropriate non-small-enders.   |   |                    |   |  |
| One month (37 CFR 1.17(a)(1))  | RECEIV  | ED                 | \$  |  |
| Two months (37 CFR 1.17(a)(2))   |   |                    | \$  |  |
| Three months (37 CFR 1.17(a)(3))   | SEP 0 1 200   |                    | \$ 950.00   |  |
| Four months (37 CFR 1.17(a)(4))  | echnology Cent  | er 260 <b>0</b>    | \$  |  |
| Five months (37 CFR 1.17(a)(5))  |   |                    | \$  |  |
| A check in the amount of the fee is enclosed.  Payment by credit card. Form PTO-2038 is at the Director has already been authorized to class.  The Director is hereby authorized to charge an overpayment, to Deposit Account Number. I have enclosed a duplicate copy of this sheet.  I am the applicant/inventor.  assignee of record of the entire in Statement under 37 CFR 3.73.  attorney or agent of record. Reging attorney or agent under 37 CFR 1.  Registration number if acting under August 25, 2004. | harge fees in this apply fees which may be 06-2380 therest. See 37 CFR (b) is enclosed. (Foundation Number 1.34(a). | R 3.71. orm PTO/SE | B/96).  |  |
| Date   | Signature   |                    |   |  |
| (214) 855-8386<br>Telephone Number   | Jerry L. Mahurin Typed or printed name  |                    |   |  |
| NOTE: Signatures of all the inventors or assignees of record of the than one signature is required, see below  | entire interest or their repre  | esentative(s) are  | required. Submit multiple forms if more           |  |
| than one signature is required, see below  |   |                    |   |  |